

Applicant Checklist

1. Driver Information

Name: (First, middle initial, last) _____

Street Address: _____

City _____ State _____ ZIP code _____

Mailing Address, if different from above:

City _____ State _____ ZIP code _____

Telephone number: (____) ____ - ____

Mobile phone number: (____) ____ - ____

Fax number: (____) ____ - ____

Sex: (check one) ☐ Male ☐ Female

Date of birth: (MM/DD/YYYY) _____

Social Security number: _____ - _____ - _____

2. Current Employment

Employer's name (if applicable): _____

Employer's address: _____

City _____ State _____ ZIP code _____

Employer's telephone number: (____) ____ - ____

Employer's DOT or ICC#: _____

Do you currently drive for this employer? (check one) ☐ Yes ☐ No

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3. Statement of Qualification

Prior to signing this statement, please review the Regulatory Criteria on Physical Qualifications for Commercial Drivers attached to the Endocrinologist Medical Evaluation Checklist.

Note: “otherwise qualified” or “hold a valid medical exemption” means that you meet the physical qualifications standards to drive a CMV (except for diabetes) or that you have an exemption or a skill performance evaluation certificate.

By signing below I hereby certify that the following statement is true, “I acknowledge that I must be otherwise qualified under 49 CFR 391.41(b)(1-13) or hold a valid medical exemption before I can legally operate a commercial motor vehicle in interstate commerce.”

Signature_____

List any waivers, exemptions, or Skill Performance Evaluation certificates you hold, including date of issue, date of expiration, and identification number for each listed.

Name	Issue Date	Expiration Date	ID#

4. License

Please attach a readable copy of **both sides** of your current **VALID** driver's license.



US Department
St., SW
Of Transportation
20590

Federal Motor Carrier
Safety Administration

400 Seventh
Washington, DC

Dear Sir/Madam:

The information and checklists enclosed are necessary to apply for an exemption from the Federal regulation that prohibits insulin use by a diabetic commercial motor vehicle (CMV) driver. The material in this packet includes:

1. Required applicant information;
2. Medical evaluation to be completed by a board-certified or board-eligible endocrinologist;
3. Medical evaluation to be completed by an ophthalmologist or optometrist;
4. Federal Register information about the Diabetes Exemption Program.

The CMV driver applying for the exemption—the applicant—is responsible for providing all required checklists and information to the Diabetes Exemption Program.

How Does a CMV Driver—the Applicant—Apply for an Exemption from the Diabetes Standard?

A. Endocrinologist Medical Evaluation Checklist

The applicant must be examined by a board-certified or board-eligible endocrinologist. The applicant should take the Endocrinologist Medical Evaluation checklist to the appointment. The endocrinologist must complete all parts of the checklist. When submitting a completed application to the Diabetes Exemption Program, the applicant must ensure that the endocrinologist's signed letterhead, a completed checklist, and any additional information requested has been included.

B. Vision Medical Evaluation Checklist

The applicant must have an eye examination by an ophthalmologist or optometrist. An applicant with **diabetic retinopathy MUST be evaluated by an ophthalmologist**. The applicant should take the Vision Medical Evaluation Checklist to the appointment. The ophthalmologist or optometrist must complete all parts of the checklist. When submitting a completed application to the Diabetes Exemption Program, the applicant must ensure that the ophthalmologist's or optometrist's signed letterhead, the completed checklist, and any additional information requested has been included.

Both medical evaluations **MUST** be completed within **6 months** of submitting a completed application to the Diabetes Exemption Program Office.

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C. Additional Applicant Information

The applicant must provide all requested information as indicated on the applicant checklist and include a readable photocopy of both sides of his or her driver's license.

Additional medical information may be required, based on review of the information submitted. Prior to submitting the application, please review all information and make sure that each checklist is **completely filled out and that all required information is included**. Application review will be delayed if the information submitted is not current or if it is incomplete. Mail all information to:

**Diabetes Exemption Program
Room 8301
400 Seventh Street, SW
Washington, DC 20590-0001**

The application may be faxed to 703-448-3077. However, an original **must** be mailed to the address above.

What Happens After a Completed Application Is Submitted?

FMCSA will review the application and notify the applicant if additional information is needed. Please note that additional medical information may be required depending on any medical conditions outlined in the application. Once the application is complete, Federal Motor Carrier Safety Administration (FMCSA) will determine if the eligibility criteria have been met.

If the applicant is eligible for an exemption, a notice must be published in the *Federal Register* requesting public comment on the application. The comments help determine if granting the exemption would achieve a level of safety equivalent to or greater than the level of safety that would be achieved without the exemption. The notice discloses the applicant's full name, age, basic information related to the applicant's insulin use to control diabetes, and the type of driving license held; however, the notice does not include any detailed personal information, such as the applicant's address, employer, medical records, or driver's license number. The *Federal Register* notice usually includes several drivers eligible for an exemption. A 30-day comment period is provided for interested parties to respond.

If there are no comments that warrant denial of the application, FMCSA will publish a notice in the *Federal Register* announcing the decision to grant the exemption. The exemption is valid for operating a CMV within the United States and does not exempt the applicant from the physical qualifications of bordering countries.

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If the Applicant Does Not Meet Eligibility Criteria

If FMCSA determines that the applicant does not meet one or more of the eligibility criteria, a denial letter will be mailed to the applicant outlining the reason that the Agency is unable to grant the exemption from the diabetes standard. Please note that the denial letter applies only to the portions of the application reviewed.

How Long Does the Process Take?

It may take up to 180 days from the date a preliminary decision is made to grant an exemption until the exemption is granted. This time is required to evaluation of the completed application and to complete the *Federal Register* notice process.

What Is Required After an Exemption Is Granted?

The exemption is sent to the applicant by certified mail. The exemption document outlines all requirements of the exemption. FMCSA can issue an exemption for a maximum of 2 years. At the end of the 2-year period, FMCSA may renew the exemption at its discretion. To retain the exemption and remain eligible for a renewal of the exemption, the driver must meet all requirements of the Diabetes Exemption Program.

If you have questions related to the application process outlined in this document, please call 703-448-3094.

Sincerely yours,

Mary D. Gunnels
Chief, Physical Qualifications Division

Regulatory Criteria on Physical Qualifications for Commercial Drivers

A person is physically qualified to drive a commercial motor vehicle if that person:

1. Has no loss of a foot, a leg, a hand, or an arm, or has been granted a skill performance evaluation certificate;
2. Has no impairment of: a hand or finger that interferes with prehension or power grasping; or an arm, foot, or leg that interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle, or any other significant limb defect or limitation that interferes with the ability to perform normal tasks associated with operating a commercial motor vehicle, or has been granted a skill performance evaluation certificate.
3. Has no established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control.
4. Has no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure.
5. Has no established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with his/her ability to control and drive a commercial motor vehicle safely;
6. Has no current clinical diagnosis of high blood pressure likely to interfere with his/her ability to operate a commercial motor vehicle safely;
7. Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease that interferes with his/her ability to control and operate a commercial motor vehicle safely;
8. Has no established medical history or clinical diagnosis of epilepsy or any other condition likely to cause loss of consciousness or any loss of ability to control a commercial motor vehicle;
9. Has no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with the driver's ability to drive a commercial motor vehicle safely.
10. Has distant visual acuity of at least 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70° in the horizontal Meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber.

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11. First perceives a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without a hearing aid.
12. Does not use a controlled substance identified in 21 CFR 1308.11 *Schedule I*, an amphetamine, narcotic, or any other habit-forming drug, unless prescribed by a licensed medical practitioner who is familiar with the driver's medical history and assigned duties; and has advised the driver that it will not adversely affect the driver's ability to safely operate a commercial motor vehicle.
13. Has no current clinical diagnosis of alcoholism.

Endocrinologist Medical Evaluation Checklist

Driver's Information

Name _____
First MI Last

Address:

DOB (MM/DD/YYYY):

This individual is applying for a Federal diabetes exemption to operate a commercial motor vehicle (CMV) while taking insulin.

Before receiving an exemption, an endocrinologist must evaluate the applicant to determine if the person is able to drive safely. This checklist must be filled out completely. If you have questions, please call 703-448-3094. We appreciate your cooperation.

PLEASE CHECK / FILL IN REQUESTED INFORMATION.

1. ☐ I am board-certified in endocrinology.

☐ I am board-eligible in endocrinology.

If neither, do not continue your assessment. Applicants must be evaluated by an endocrinologist who is board certified or board eligible.

2. Date of examination (MM/DD/YYYY): _____

3. I am familiar with the patient's medical history for the past 5 years through treating the patient or consultation with the treating physician.

☐ YES

☐ NO

If no, do not continue your assessment. A review of the patient's 5-year medical history is required.

4. Date of diabetes diagnosis:

Treatment for diabetes prior to insulin use:

☐ None ☐ Diet

☐ Oral agent

5. Insulin Usage:

Date insulin use began _____

Current insulin type _____

Current dose _____

If patient uses insulin pump, current average daily dose _____

Length of time on current dose _____

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6. FMCSA defines a **severe hypoglycemic reaction** as one that results in:

Seizure, or

Loss of consciousness, or

Requiring assistance of another person, or

Period of impaired cognitive function that occurred without warning.

In the last 5 years, while being treated for diabetes, has the patient had recurrent (2 or more) severe hypoglycemic episodes? ↑YES ↑NO

In the last 12 months, while being treated for diabetes, has the patient had a severe hypoglycemic episode? ↑YES ↑NO

If yes, provide information on each hypoglycemic episode:

Date(s)

Include additional information about each episode including symptoms of hypoglycemic reaction, treatment, and suspected cause:

Was the patient hospitalized? ↑YES ↑NO

If yes, provide details related to the hospitalization: _____

Has the patient's treatment regimen changed since the last hypoglycemic episode?

↑YES

↑NO

Please explain changes:

After a severe hypoglycemic event, the driver is NOT qualified to operate a CMV for 1 year.

7. Does the patient have the ability and demonstrated willingness to properly monitor and manage his or her diabetes? ↑YES ↑NO

Since beginning insulin use, has the patient received education in the management of diabetes that includes diet, monitoring, recognition and treatment of hypoglycemia and hyperglycemia reactions? ↑YES ↑NO

8. Current Diet Used:

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9. Additional Diabetes Disease History:

10. **Other Medications Taken:** *(drug, name, dosage route, frequency, to include over-the-counter medications and herbal remedies)*

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

11. Associated Medical Conditions (please check all that apply)

Cerebrovascular Disease	<input type="checkbox"/> Carotid Artery Disease <input type="checkbox"/> Transient Ischemic Attack (TIA) <input type="checkbox"/> Stroke
Cardiovascular Disease	<input type="checkbox"/> Hypertension <input type="checkbox"/> Coronary Heart Disease <input type="checkbox"/> Myocardial Infarction (MI) <input type="checkbox"/> Angina Pectoris <input type="checkbox"/> Congestive Heart Failure (CHF) <input type="checkbox"/> Peripheral Vascular Disease
Renal Disease	<input type="checkbox"/> Renal insufficiency <input type="checkbox"/> Proteinuria <input type="checkbox"/> Nephrotic Syndrome
Neurologic Disease	<input type="checkbox"/> Autonomic neuropathy i.e. orthostatic hypotension <input type="checkbox"/> Peripheral Neuropathy

If the applicant has been or is currently being treated for any of the above medical conditions, provide relevant additional information (consultant notes, special studies, follow-up reports, and hospital records).

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12. Laboratory Reports/Stable Insulin Regimen

A. Background and criteria

The driver should have stable control that decreases the health complications related to diabetes and does not increase the risk of hypoglycemia and hyperglycemia while operating a CMV.

An individual diagnosed with diabetes who was previously treated with oral medication and who now requires insulin should have at least a 1-month period on insulin to establish stable control.

An individual newly diagnosed with diabetes, not previously treated with oral medication, and who is now starting on insulin should have at least a 2-month period on insulin to establish stable control.

B. Glycosylated hemoglobin A1c (A1c test) and blood glucose

A1c test and blood glucose provide evidence of the driver's diabetes management and their ability to drive safely.

A1c Test Measurements

FMCSA published the acceptable range of HgA1c as 7% to 10%. This range was selected to acknowledge that individuals with A1c test levels <7% may be more prone to hypoglycemic episodes. Applicants with A1c test levels <7% are eligible for an exemption if they have no history of severe hypoglycemic episodes.

While only one A1c test is required to be submitted, it should be collected no more than 30 days from the date of the application. FMCSA recognizes that an A1c test collected prior to beginning insulin may not reflect the individual's current control. In these cases this information will be used as a baseline for monitoring. **Additional A1c test results are encouraged.**

Please provide a copy of the following:

†Laboratory reports reflecting A1c test result(s). Please include lab reference normal range.

Glucose Measurements

FMCSA's major concern is that a driver can drive a CMV safely. A CMV driver **should not have large fluctuations in blood glucose levels.** Drivers should maintain blood glucose levels between 100 to 400 mg/dl prior to and while driving a CMV. This range is not intended to reflect stable medical control while taking insulin. **The determination of a patient's stable control is left to the treating endocrinologist.**

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I have reviewed the patient's daily glucose monitoring logs while using insulin and the patient has no large fluctuations in results that are of concern.

↑YES

↑NO

In my medical opinion, the patient is on a stable insulin regimen.

↑YES

↑NO

The criteria listed above, under 12A, relate to minimum guidelines for insulin use. If the treating endocrinologist concludes that the patient requires additional time to have the insulin dose adjusted, achieve stable control, or learn more about diabetes management, the time periods above should be extended, and the endocrinologist should note this when answering the following question.

I hereby certify that in my medical opinion this applicant understands diabetes management and monitoring, has stable control of his/her diabetes using insulin, and is therefore able to drive a commercial motor vehicle safely.

↑YES

↑NO

13. I have reviewed the attached Regulatory Criteria on Physical Qualifications for Commercial Drivers and I hereby certify that in my medical opinion this applicant has no disqualifying condition(s).

↑YES

↑NO

14. PLEASE ATTACH COMPREHENSIVE PHYSICAL EXAMINATION.

15. Please attach a copy of your office letterhead with signature, date, medical license number, and state of issue to this checklist.

Diabetes Medical Evaluation Checklist Optometrist/Ophthalmologist

Driver's Information

Name _____
First MI Last

Address:

DOB (MM/DD/YYYY):

This applicant is applying for a Federal diabetes exemption to operate a commercial motor vehicle while using insulin.

Before receiving an exemption, an ophthalmologist or optometrist must thoroughly evaluate the driver. This evaluation is essential in determining if the person is able to drive safely, therefore, this form must be filled out completely. If you have questions, please call 703-448-3094. We appreciate your cooperation.

The applicant must have been examined by an ophthalmologist or an optometrist within 6 months of submitting a completed application for a Federal diabetes exemption.

PLEASE CHECK / FILL IN REQUESTED INFORMATION.

An applicant with diabetic retinopathy must be evaluated by an ophthalmologist
The vision examination must be AFTER any eye surgery/procedures.

1. ☐ I am an ophthalmologist ☐ I am an optometrist

2. Date of most recent examination: _____

3. Distant visual acuity:

☐ UNCORRECTED

☐ CORRECTED

☐ Glasses

☐ Contact Lens

Left eye: 20/

20/

Right eye: 20/

20/

4. Field of vision:

Left eye: _____ degrees

Right eye: _____ degrees

Test used to determine:

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5. Color Vision

The patient is able to identify correctly the standard red, green, and amber of traffic control signals. ↑YES ↑NO

Note: If certain color perception tests are administered (such as Ishihara, Pseudoisochromatic, Yarn, etc.), and doubtful results are found, it is acceptable to administer a controlled test using a traffic signal to determine the patient's ability to recognize red, green, and amber.

6. Does the patient have diabetic retinopathy? ☐ YES ☐ NO

IF YES: ☐ Proliferative
 ☐ Stable ☐ Unstable
 ☐ Nonproliferative
 ☐ Stable ☐ Unstable

Treatment _____

Date diagnosed: _____

Surgery/procedures: _____

Requires recheck in _____ months

Does the patient have macular edema? ↑YES ↑NO

7. Does the patient have cataract(s) or any other diagnosis related to vision?

 ↑YES ↑NO

If yes, what? _____

8. Please place all checklist information on office letterhead with signature.

OR

Attach a copy of your office letterhead with signature, date, medical license number, and state of issue to this checklist.